


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90031 035 ****61.25

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DOCUMENT # N04000007963					
1. Entity Name BAYVIEW CONDOMINIUMS CLEARWATER ASSOCIATION, INC.					
Principal Place of Business 251 WINDWARD PASSAGE SUITE F CLEARWATER, FL 33767		Mailing Address 251 WINDWARD PASSAGE SUITE F CLEARWATER, FL 33767			
2. Principal Place of Business Bayview Condo Clw. Assoc. Suite, Apt. #, etc. 700 N. Osceola Ave.		3. Mailing Address To Richard C. Commons, P.A. Suite, Apt. #, etc. 300 S. Duncan Ave., #220B			
City & State Clearwater, FL		City & State Clearwater, FL			
Zip 33755	Country US	Zip 33755	Country US		
4. FEI Number 86-1114672		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NICHOLS, SHERON 251 WINDWARD PASSAGE SUITE F CLEARWATER, FL 33767		7. Name and Address of New Registered Agent Name Kathy Brinster Street Address (P.O. Box Number is Not Acceptable) 700 N. Osceola Ave., #506 City Clearwater FL Zip Code 33755			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Kathy Brinster</u>		DATE <u>2/14/06</u>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PVST	NAME GONZALEZ, CARLOS	<input checked="" type="checkbox"/> Delete	TITLE P	NAME Kathy Brinster	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 700 N OSCEOLA AVE #505	CITY-ST-ZIP CLEARWATER, FL 33755		STREET ADDRESS 700 N. Osceola Ave., #506	CITY-ST-ZIP Clearwater, FL 33755	
TITLE VD	NAME BRAWLEY, JOHN	<input checked="" type="checkbox"/> Delete	TITLE VP	NAME Richard DAKE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1504 E OCEAN BLVD	CITY-ST-ZIP NEWPORT BEACH, CA 92661		STREET ADDRESS 700 N Osceola Ave #3	CITY-ST-ZIP Clearwater, FL 33755	
TITLE STD	NAME SHANNON, NANCY	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 700 N OSCEOLA AVE #306	CITY-ST-ZIP CLEARWATER, FL 33755		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Kathy Brinster</u>		DATE: <u>2/14/06</u>		DAYTIME PHONE #: <u>727-467-0685</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	